
Agency:	107 Health Care Authority
Decision Package Code/Title:	PL-KH Staffing for Optional Programs
Budget Period:	2014 Supplemental Submittal
Budget Level:	PL – Policy Level

Recommendation Summary Text

The Health Care Authority (HCA) requests 4.9 FTEs and \$829,000 (\$543,000 GF-S) to address specific staffing needed to support optional programs that were restored in the 2013-15 Enacted Budget. This represents workload that was not captured in the eligibility staffing models that were funded.

Package Description

During the last legislative session, Washington took the next step in implementing Medicaid expansion. Included with this important step were programs such as the Breast and Cervical Cancer Treatment Program (BCCTP), Take Charge, and Pregnant Teens, and the reinstatement of adult dental. HCA was provided increased staff to perform the new Modified Adjusted Gross Income (MAGI) eligibility work. It was an oversight that HCA did not request staffing to support these programs when the model was developed and funded. HCA is submitting this request for additional resources as described below.

Eligibility Staff for Optional Medical Programs (3.4 Biennial FTEs \$585,000):

The 2013-15 Enacted budget provided for the continuation of the BCCTP and the Take Charge Program. In addition, a new medical program for Pregnant Teens was created. These programs were not included in the initial Medicaid Eligibility staffing models. HCA is seeking an increase of 4.5 FTEs beginning January 1, to perform the eligibility function and workarounds for these clients.

BCCTP – The federal BCCTP will end 12/31/13. However, those women not eligible for Medicaid coverage under Expansion will be allowed to continue on a state funded only BCCTP through the remainder of their course of treatment. It is estimated that about 400 women will remain on this program. This workload will need to be manually managed through ACES. HCA estimates an additional .5 FTE will be required to perform this workload. Costs assume a start date of January 2014 and that there is no federal match as this is a state program.

Take Charge – HCA will continue to operate an 1115 Take Charge waiver. The budget assumption is that the TAKE CHARGE caseload will decrease by 50%. While Take Charge must follow MAGI eligibility, the program was not built into the HealthPlanFinder as it was not included in the Governor’s budget. A manual process through ACES will be required to process applications. HCA estimates 2 FTE will be required to perform this workload. Costs assume a start date of January 2014 and that federal match will be 50 percent.

Pregnant Teen Program – Included in the budget were dollars to implement a program for pregnant teens that request medical coverage and do not want to include their parent (s) or parental income in their eligibility determination. This option to exclude parents and their income was eliminated under MAGI. Based on current caseload estimates approximately 1,200 teens may participate in this program during the year. HCA estimates 1 FTE will be required to perform this workload. Costs assume a start date of January 2014 and that there is no federal match as this is a state program.

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	FY 2014	FY 2015	Total
Staffing:			
Medical Assistance Specialist 3	1.8	3.5	2.7
Medical Assistance Specialist 5	0.5	1.0	0.8
Total FTEs	2.3	4.5	3.4

All positons are assumed to begin January 1, 2014

	FY 2014	FY 2015	Total
Objects of Expenditure:			
A - Salaries And Wages	\$ 108,000	\$ 212,000	\$ 320,000
B - Employee Benefits	\$ 42,000	\$ 82,000	\$ 124,000
E - Goods And Services	\$ 34,000	\$ 66,000	\$ 100,000
G - Travel	\$ 1,000	\$ 1,000	\$ 2,000
J - Capital Outlays	\$ 39,000	\$ -	\$ 39,000
Total	\$ 224,000	\$ 361,000	\$ 585,000

	FY 2014	FY 2015	Total
Expenditures by Fund:			
Fund 001-1 GF-State	\$ 161,000	\$ 260,000	\$ 421,000
Fund 001-C GF-Federal Medicaid Title XIX	\$ 63,000	\$ 101,000	\$ 164,000
Total	\$ 224,000	\$ 361,000	\$ 585,000

Dental Prior Authorization Staff (1.5 Biennial FTEs \$244,000):

Due to Medicaid Expansion and the authorization of an adult dental benefit effective January 2014; HCA anticipates an increase in adults and children seeking dental benefits. HCA staffs are required to provide initial prior-authorization within 15 calendar days per WAC 182-501-0165(7). Based on existing workload and increasing orthodontia requests, additional staffs are needed in order to be in compliance for timely processing. Prior to elimination of adult dental the workload exceeded capacity and backlogs averaged 3,000 per month. With the expansion of Medicaid and the restoration of adult dental, without additional capacity, the dental WAC will continue to be exceeded which puts clients at risk for not being able to access necessary dental treatments. HCA estimates that a minimum of 2 FTEs will be required to perform this work. Costs assume a start date of January 2014 and that federal match will be 50 percent.

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	FY 2014	FY 2015	Total
Staffing:			
Medical Assistance Specialist 3	1.0	2.0	1.5
Total FTEs	1.0	2.0	1.5

All positions are assumed to begin January 1, 2014

	FY 2014	FY 2015	Total
Objects of Expenditure:			
A - Salaries And Wages	\$ 45,000	\$ 90,000	\$ 135,000
B - Employee Benefits	\$ 16,000	\$ 33,000	\$ 49,000
E - Goods And Services	\$ 14,000	\$ 28,000	\$ 42,000
G - Travel	\$ -	\$ 1,000	\$ 1,000
J - Capital Outlays	\$ 17,000	\$ -	\$ 17,000
Total	\$ 92,000	\$ 152,000	\$ 244,000

	FY 2014	FY 2015	Total
Expenditures by Fund:			
Fund 001-1 GF-State	\$ 46,000	\$ 76,000	\$ 122,000
Fund 001-C GF-Federal Medicaid Title XIX	\$ 46,000	\$ 76,000	\$ 122,000
Total	\$ 92,000	\$ 152,000	\$ 244,000

Questions related to this decision package should be directed to Marcia Wendling at (360)725-1836 or at marcia.wendling@hca.wa.gov.

Fiscal Detail/Objects of Expenditure

	FY 2014	FY 2015	Total
1. Operating Expenditures:			
Fund 001-1 GF-State	\$ 207,000	\$ 336,000	\$ 543,000
Fund 001-C GF-Federal Medicaid Title XIX	\$ 109,000	\$ 177,000	\$ 286,000
Total	\$ 316,000	\$ 513,000	\$ 829,000

	FY 2014	FY 2015	Total
2. Staffing:			
Total FTEs	3.3	6.5	4.9

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	FY 2014	FY 2015	Total
3. Objects of Expenditure:			
A - Salaries And Wages	\$ 153,000	\$ 302,000	\$ 455,000
B - Employee Benefits	\$ 58,000	\$ 115,000	\$ 173,000
C - Personal Service Contracts	\$ -	\$ -	\$ -
E - Goods And Services	\$ 48,000	\$ 94,000	\$ 142,000
G - Travel	\$ 1,000	\$ 2,000	\$ 3,000
J - Capital Outlays	\$ 56,000	\$ -	\$ 56,000
N - Grants, Benefits & Client Services	\$ -	\$ -	\$ -
Other (specify) -	\$ -	\$ -	\$ -
Total	\$ 316,000	\$ 513,000	\$ 829,000
	FY 2014	FY 2015	Total
4. Revenue:			
Fund 001-C GF-Federal Medicaid Title XIX	\$ 109,000	\$ 177,000	\$ 286,000
Total	\$ 109,000	\$ 177,000	\$ 286,000

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

This request allows HCA to complete the necessary eligibility, authorization, and workarounds so that clients that are eligible for these services are able to receive them as appropriate.

Performance Measure Detail

Activity Inventory

H002 HCA Direct Operations

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

Yes, one of HCA's key metrics is implementation of Health Reform as laid forth in the ACA. Implementing Medicaid Expansion will provide health insurance coverage to an estimated 250,000 low income individuals over the first several years of the program that currently have no access to affordable health care insurance.

Does this decision package provide essential support to one of the Governor's priorities?

Yes, this directly supports Governor Inslee's Results Washington - Goal 4: Healthy and Safe Communities, and Goal 5: Effective, Efficient and Accountable Government. HCA will be better positioned to ensure that clients that are eligible for benefits are receiving care that may improve their health.

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Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government (POG) process?

Yes, this directly supports Governor Inslee’s Results Washington - Goal 4: Healthy and Safe Communities, and Goal 5: Effective, Efficient and Accountable Government. HCA will have the resources needed to provide eligibility determination for optional programs and timely adult dental authorizations for benefits.

What are the other important connections or impacts related to this proposal?

This proposal helps HCA meet internal and external expectations and deadlines.

What alternatives were explored by the agency, and why was this alternative chosen?

HCA continues to look at current practices to see if there are efficiencies or process improvements to be had.

What are the consequences of not funding this package?

HCA will lack the staff needed for Medicaid expansion work that is being undertaken by HCA. In addition, not meeting timeliness requirements may subject HCA to litigation or increased costs and limits clients in being able to receive services they may be eligible for.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None.

Expenditure and Revenue Calculations and Assumptions

Revenue Calculations and Assumptions:

Revenue reflects anticipated federal matching for identified workload.

Expenditure Calculations and Assumptions:

Staff costs are assumed to start January 2014 and will continue into future biennia, with the exception of Object J, equipment and work station establishment, which is one-time. Object E estimate includes costs associated with building rent, computer leasing, and other goods and services based on average FTE costs.

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Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

Distinction between one-time and ongoing costs:

Staffing related costs are considered ongoing.

Budget impacts in future biennia:

The staff related costs will continue into future biennia.